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APPLICANTS

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** CONTINUING DATA ***** *none PAt*** FOREIGN APPLICATIONS ***** *none PAt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	3	24	2
Verified and Acknowledged	<i>B. Aranyi</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

'Helping -cart' for assisting store customers

FILING FEE RECEIVED 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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